

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, April 14, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Directors Wayne M. Lerner, DPH, LFACHE and Erica E. Marsh, MD, MSCI (3)

Board Chairman M. Hill Hammock (ex-officio), Patrick T. Driscoll, Jr. (non-Director Member) and Patricia Merryweather (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Krishna Das, MD – System Chief Quality Officer
John O'Brien, MD – Director of Professional Education
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer
Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County
Pierre Wakim, MD – Provident Hospital of Cook County

II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Krishna Das, Chief Quality Officer, provided a brief update on regulatory and accreditation matters. A survey by representatives from the Department of Justice is currently underway at Cermak Health Services. Additionally, she noted that Stroger Hospital remains in the window for its next full accreditation survey by The Joint Commission; the survey will occur anytime between now and November.

B. Metrics (Attachment #1)

Dr. Das reviewed the presentation on Metrics. The Committee discussed the information.

With regard to slide 3, it was noted that the variance regarding room turnaround time is calculated in percentage difference, rather than a straight calculation of the difference between actual and target, like the other measures. Dr. Das stated that this measure is an exception; the other data is presented as percentages, but this one is presented in minutes. Board Chairman Hammock noted that it is easier to understand if the variance for that measure is reflected in minutes.

III. Report from Chief Quality Officer

B. Metrics (continued)

The Committee discussed the subject of immunization rates for the Health System's patients. Dr. Das stated that the System's immunization rate is low, as it is in many hospitals that serve safety-net populations. There are a variety of reasons that drive this low rate. She noted that, when this data is reported to the Centers for Medicare and Medicaid Services (CMS), staff takes out the patient refusals; therefore, the numbers reported to CMS are considerably higher. In the data presented to the Committee, the refusals have not been removed.

Dr. Das stated that there is a System-wide initiative for both inpatient and outpatient services that triggers the ordering of vaccinations; the ordering rate is very high in the inpatient setting, which is being reported here. But when staff attempts to administer the vaccines, there is a high refusal rate. Ms. Merryweather commented that many hospitals have overcome such refusal rates; perhaps there can be a collaboration with those hospitals to figure out what they have done to overcome it. Director Marsh noted that, while a provider should respect patient autonomy, if a patient's refusal due to fear of the vaccine is not based on truth, some type of patient education would be beneficial to help them understand that, in general, this is a very safe vaccine. Dr. Das concurred; she stated that all clinicians needed to try to bridge that gap.

The Committee discussed potential ways to present the data that will show whether there is movement in the right direction. Director Marsh noted that she likes to see the monthly data, but it is the variance that poses a problem; she added that perhaps it could be based on mean performance. Dr. John Jay Shannon, Chief Executive Officer, provided information on tools used internally to see actual statistical changes that create real trends. Board Chairman Hammock suggested averaging the months by quarter to display one number, rather than including the actual numbers for each month; he noted that it is up to Dr. Das and Chairman Gugenheim to figure out the best way to present the data. Director Marsh stated that, given that the focus is not necessarily on how far the numbers currently are from target, rather, the focus should be on whether the numbers are moving in the right direction, perhaps another column could be added to indicate that.

Director Lerner stated that, when he looks at the data, he is more interested in knowing what project management is doing to create turn-around. Dr. Das responded that the administration has committed to presenting an in-depth report on operational efficiency within the next few months.

IV. Recommendations, Discussion/Information Items

A. Presentation on clinical training affiliations (Attachment #2)

Dr. John O' Brien, Director of Professional Education, provided an overview of the presentation regarding clinical training affiliations. The Committee reviewed and discussed the information.

Topics covered in the presentation included the following:

Rationale for Educational Agreements;	Focus for Coming Year.
Resident Reimbursement;	
Origin of Stroger Hospital Rotators (FTEs);	
Oversight of Rotators;	
Educational Agreements – Summary;	
CLER – Clinical Learning Environmental Review (ACGME);	
Results of October 2013 ACGME Visit;	
Upcoming ACGME Visit;	
Implementation of Changes and Plans in Development; and	

IV. Recommendations, Discussion/Information Items

A. Presentation on clinical training affiliations (continued)

Director Lerner stated that he believes that the Board needs an education on this topic; the broad impact that Cook County Hospital, now Stroger Hospital, has historically made on health professional education and health care research, has been totally underplayed. This program provides a great example of inter-institutional collaboration and community benefit, which people need to emphasize, as well. He hopes that some time is taken at the Board level to talk about this academic role, broadly speaking, so people understand the System's role.

While reviewing the information on slide 12 regarding the upcoming visit by representatives of the Accreditation Council for Graduate Medical Education (ACGME) for the Clinical Learning Environment Review, Dr. O'Brien stated that he received notification that the representatives will be here on April 28th and 29th. At the exit debriefing, the reviewers will present their findings to Dr. Shannon and other members of the administration; official notice is expected about six weeks later.

B. Reports from the Medical Staff Executive Committees

i. Provident Hospital of Cook County

ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Pierre Wakim, of Provident Hospital of Cook County, presented a report on behalf of Dr. Anwer Hussain, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County. He stated that the Credentialing Committee and Executive Medical Staff met last week; additionally, they held their quarterly meeting. They remain focused on issues to improve quality, decrease length of stay in the Emergency Department, and improve throughput.

Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, indicated that the EMS was scheduled to meet later that day. He noted that, with regard to the medical staff appointments presented to the Committee for consideration today, despite the fact that EMS would typically approve them at their meeting, EMS has approved them in advance by way of electronic poll.

V. Action Items

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #3)

Director Lerner, seconded by Director Marsh, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Quality and Patient Safety Committee Meeting, March 17, 2015

Director Lerner, seconded by Chairman Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of March 17, 2015. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections IV, V and VI

VI. Closed Meeting Items

A. Medical Staff Appointments/Re-appointments/Changes

B. Litigation Matter(s)

The Committee did not recess the open meeting and convene in a closed meeting.

VII. Adjourn

As the agenda was exhausted, Chairman Gugenheim declared the meeting
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 14, 2015

ATTACHMENT #1



CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

14 April 2015

Krishna Das, MD, Chief Quality Officer

Dashboard Overview

- Quality measures – process, outcome and efficiency
- Safety measures
- Patient satisfaction
- Hospitals and ambulatory are included

Quality – Stroger

CCHHS QPS Committee Dashboard															
Data as of 04/02/2015	CY 2014											CY 2015		TARGET	VARIANCE %
PERFORMANCE MEASURES	Q1	Q2 2014			Q3 2014			Q4 2014			Q1 2015				
	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb			
Stroger															
Core Measures															
Venous Thromboembolism (VTE) (%)	79	73	86	81	92	85	88	88	83	84	79	92	99	-7%	
Stroke (%)	73	75	94	95	95	97	96	97	93	91	96	93	100	-7%	
Immunizations (%)	62	64	59	45	47	53	62	74	68	68	66	67	90	-23%	
Efficiency - Operating Room															
On-Time Start (%)	40	47	38	48	38	41	32	35	45	35	30	47	80	-33%	
Room Turn Around Time (minutes)	47	48	52	49	51	48	54	57	54	50	51	45	35	-29%	

Quality – Provident

CCHHS QPS Committee Dashboard															
Data as of 04/02/2015	CY 2014											CY 2015		TARGET	VARIANCE %
PERFORMANCE MEASURES	Q1	Q2 2014				Q3 2014			Q4 2014			Q1 2015			
	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb			
Core Measures															
Venous Thromboembolism (VTE) (%)	92	78	90	84	80	90	89	79	94	79	93		99	-6%	
Immunizations (%)	82	63	80	82	64	77	62	65	65	77	88		90	-2%	
Efficiency - Operating Room															
On-Time Start (%)				5	25	14	10	13	28	15	19	9	80	-71%	
Room Turn Around Time (minutes)													35	na	

Safety – Stroger

CCHHS QPS Committee Dashboard															
Data as of 04/02/2015	CY 2014											CY 2015		TARGET	VARIANCE %
PERFORMANCE MEASURES	Q1	Q2 2014			Q3 2014			Q4 2014			Q1 2015				
	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb			
Safety															
HAC: Pressure Ulcer Stages III & IV ¹	4	4	4	2	0	0	2	2	4	4	2	5			
HAC: Falls with Injury ²	1	0	0	1	1	1	0	0	0	0	1	0			
HAI: CLABSI SIR ³	1	0	1	1	0	0	0	0	0	0	1	1			
HAI: CAUTI SIR ⁴	2	1	1	1	1	1	1	1	0	0	0	0			

Patient Experience – Stroger

CCHHS QPS Committee Dashboard															
Data as of 04/02/2015	CY 2014											CY 2015		TARGET	VARIANCE %
PERFORMANCE MEASURES	Q1	Q2 2014			Q3 2014			Q4 2014			Q1 2015				
	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb			
Patient Experience															
Overall Rating of Hospital (% top box)	63	62	60	61	69	66	65	66	73	61	59	62	85	-23%	
Communication with Doctors (% top box)	87	82	77	78	83	90	82	83	76	83	81	85	88	-3%	
Communication with Nurses (% top box)	64	69	60	70	69	72	65	73	63	72	70	72	86	-14%	
Cleanliness (% top box)	46	54	44	51	51	55	48	61	39	51	48	51	77	-26%	

Patient Experience – Provident

CCHHS QPS Committee Dashboard															
Data as of 04/02/2015	CY 2014											CY 2015		TARGET	VARIANCE %
PERFORMANCE MEASURES	Q1	Q2 2014			Q3 2014			Q4 2014			Q1 2015				
	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb			
Patient Experience															
Overall Rating of Hospital (% top box)	67	65	48	56	65	50	47	86	67	60	56	63	85	-22%	
Communication with Doctors (% top box)	85	70	97	85	87	81	93	80	78	80	78	80	88	-8%	
Communication with Nurses (% top box)	71	75	84	70	88	85	84	91	52	82	74	79	86	-7%	
Cleanliness (% top box)	61	65	62	75	83	67	56	50	44	71	61	65	77	-12%	

ACHN

CCHHS QPS Committee Dashboard														
Data as of 04/02/2015	CY 2014										CY 2015		TARGET	VARIANCE %
PERFORMANCE MEASURES	Q1	Q2 2014			Q3 2014			Q4 2014			Q1 2015			
	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb		
ACHN														
Diabetes Control % with Hgb A1C < 9%	76	73			77			78			74	73	78	-5%
Immunizations: Up to date in children at 24 months (%)	87	87			57			68			60	49	86	-37%
Patient Experience: Moving Through Visit	66	68			68			67			65	68	75	-7%
Patient Experience: Telephone Access	63	60			63			62			70	53	75	-22%

Board Quality Dashboard

CCHHS QPS Committee Dashboard				CCHHS Board Metrics - Quality															
Data as of 04/02/2015																TARGET		VARIANCE	
PERFORMANCE MEASURES				CY 2014										CY 2015					
				Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb				
Stroger																			
Core Measures				Monthly Composite															
Venous Thromboembolism (VTE) (%)				79	73	86	81	92	85	88	88	83	84	79	92	99%	-7%		
Efficiency - Operating Room				Monthly %															
On-Time Start (%)				40	47	38	48	38	41	32	35	45	35	30	47	80	-33%		
Safety				Total # of Events															
HAC: Pressure Ulcer Stages III & IV ¹				15	7	12	10	9	10	7	6	5	4	6	8				
HAC: Falls with Injury ²																			
HAI: CLABSI SIR ³																			
HAI: CAUTI SIR ⁴																			
Patient Experience																			
Overall Rating of Hospital (% top box)				63	62	60	61	69	66	65	66	73	61	56	63	85%	-22%		
Provident																			
Core Measures																			
Venous Thromboembolism (VTE) (%)				87	52	62	84	54	64	84	54	64	84	93		99%	-6%		
Efficiency - Operating Room				Monthly %															
On-Time Start (%)				40	47	38	48	38	41	32	35	45	35	19	9	80%	-71%		
Patient Experience																			
Overall Rating of Hospital (% top box)				67	65	48	56	65	50	47	86	67	60	56	63	85%	-22%		
ACHN																			
Diabetes Control % with Hgb A1C < 9%				76	73		77		78		74	73	78%	-5%					
Patient Experience: Moving Through Visit				66	68		68		67		65	68	75%	-7%					
Patient Experience: Telephone Access				63	60		63		62		70	53	75%	-22%					
LEGEND				FOOTNOTES															
HAC: Hospital Acquired Conditions				¹ Adult discharges (≥ 18) with LOS ≥ 5 days; per 1000															
HAI: Hospital Acquired Infections				² All med/surg units and ICUs/CCUs; per 1000 patient-days															
infections				³ Eligible units include all units with laboratory confirmed event.															
CAUTI: Catheter-associated urinary tract infections				⁴ Eligible units include all units with confirmed event.															



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 14, 2015

ATTACHMENT #2

Stroger Affiliations and the CLER Visit

1

**UPCOMING EDUCATIONAL ISSUES
APRIL 14, 2015**

Rationale for Educational Agreements

2

- **Why Do Residents Go To Multiple Hospitals (or Why Do Multiple Hospitals send their Residents Here)?**
 - Sending hospital's resident needs experience not offered at their hospital (Toxicology).
 - Receiving hospital needs services of residents in a particular area (Orthopedics or ENT).
- **When A Receiving Hospital Needs Services-They Pay Salary and Benefits.**
 - Both Hospitals Gain
 - ✦ Receiving Hospital-
 - Improves care by providing direct care 24/7
 - Cheaper than having your own residency program.
 - ✦ Sending Hospital
 - Residents improve - see different patients/stages of disease
 - Residency program's reputation is enhanced.

Resident Reimbursement

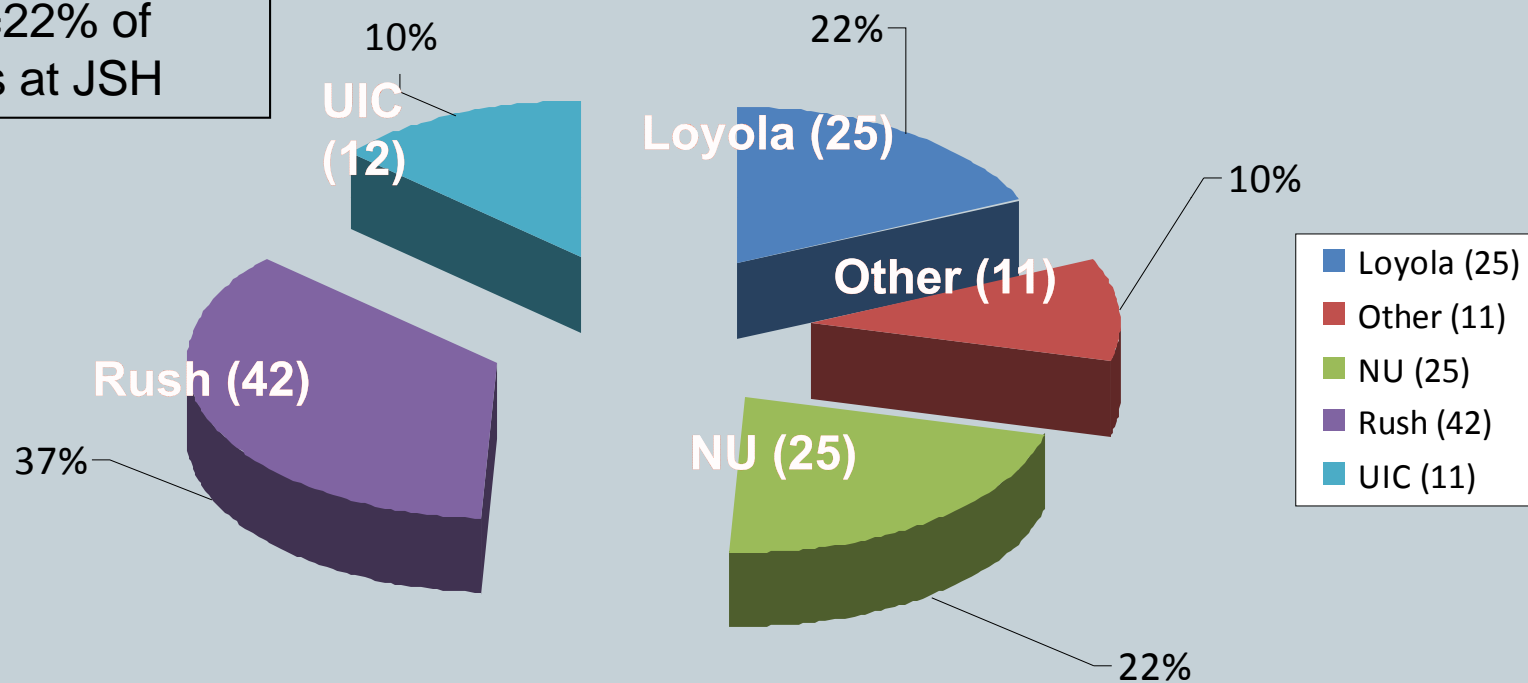
3

- Medicare Reimbursement for Training Residents
 - Indirect Costs
 - ✦ Residents order more tests etc.
 - ✦ Hospital receives higher reimbursement for Medicare charges.
 - Calculation of reimbursement level based on Residents/Bed.
 - Direct Costs
 - ✦ Receive a % of salary/benefits for each resident trained on site.
 - ✦ Based on the number of inpatient Medicare patients.
 - ✦ Number of residents reimbursed was capped in 1996.
 - ✦ Most hospitals are “over the cap”.
 - Stroger’s Medicare Reimbursement
 - ✦ \$/resident is lower than most other teaching hospitals.
 - ✦ JSH cap = 450.
 - ✦ Cap sharing is allowed.
 - ✦ Reimbursement offsets some of the salary/benefits paid by the hospital.

Origin of JSH Rotators - (FTE)

4

Rotators=22% of Residents at JSH



Oversight of Rotators

5

- **Joint Commission Mandates Appropriate Hospital Oversight**
 - ✦ Verification of licensure/immunization
 - ✦ Orientation to the hospital
 - ✦ Adequate Supervision
- **Accreditation Council for Graduate Medical Education (ACGME) Mandates Appropriate Educational Oversight**
 - ✦ Designee responsible for the supervision, education and evaluation of the resident
 - ✦ Written goals and objectives
 - ✦ Educational Agreement

Educational Agreements - Summary

6

- **Need For Rotation Established**
 - Hospital needs to enhance care in an area vs. Residency needs experience
- **Educational Agreement Drafted**
 - Outline teaching/learning goals, supervision, designee responsible for oversight
 - Contractual Aspect
 - ✦ Duration (usually 3 years), dollars (salary and benefits)
- **Approval Process at Stroger**
 - JSH General Counsel
 - Executive Medical Staff
 - CCHHS Board



CLER – Clinical Learning Environment Review (ACGME)

7

- It is not enough for Residents and Fellows to be smart and get lots of experience.
- The ENVIRONMENT they train in shapes the doctor they will be after graduation.
- This environment should be:
 - Safe
 - Quality focused
 - Emphasize TEAM based patient care
 - Emphasize Professionalism
 - Work to reduce healthcare disparities
- ACGME has visited every major hospital over 2 years

How Did We Do?

8

- **JSH Visit: 10/2/2013 - 10/3/2013**
 - Met with Residents, Fellows, Attendings, CEO, CNO, Chief Quality Officer, and made walk rounds-talked to nurses, doctors etc.
 - Findings:
 - ✦ **Safety**
 - Housestaff felt institution emphasized this, but 64% could not identify the hospital's safety goals
 - 71% of housestaff had reported a near miss or adverse event (Note: Five times higher than national data)
 - Only 22% of the residents given feedback after a report.
 - Now feeding back to Program Director when possible (many reports are anonymous)

How Did We Do?

9

- JSH Visit: 10/2/2013 - 10/3/2013

- ✦ Safety

- Only 10 RCA's done in the previous year
 - *Currently working with programs to have all residents participate in 1 RCA during their training*
- Morbidity and Mortality conferences not consistently forwarded to an Oversight Committee

- ✦ Quality

- Nearly 100% of residents participated in a QI project
- Use of PDCA methodology in less than half
- Generation of quality data was identified as an area for improvement
 - *Currently a number of faculty have secured Quality/Safety scholarships*

How Did We Do?

10

- **Handoffs**

- More uniform approach is needed across the institution
 - *Rolling out a hand off tool in Cerner next month*

- **Supervision**

- Residents felt that supervision is appropriate. They knew what they could do independently.
- No method for nurses to know which residents could perform a procedure independently.
 - *Verification of ability to perform a procedure independently will be available by July in our residency management software.*
 - *Will work with Nursing leadership to train nurses.*

How Did We Do?

11

- **Fatigue Management**

- Need contingency plan when MD too fatigued to continue
 - *Now required of all programs by the Graduate Medical Educational Committee (GMEC).*
 - *Programs report this annually to the GMEC.*

- **Professionalism**

- Nearly all reported receiving education in this area
- 12% felt that they had been pressured to compromise their integrity to satisfy an authority figure.
 - Difficult to interpret because of anonymity.
 - Shared with Program Directors

When Are They Returning?

12

- **October 2015?**
 - Two years after initial visit, but may be a little later
 - Three week window between notification and visit
 - Visitors will look for improvement
 - Non – punitive
 - ACGME will publish preliminary data soon to allow benchmarking

How Are We Doing Today?

13

- **Measurable Numbers**

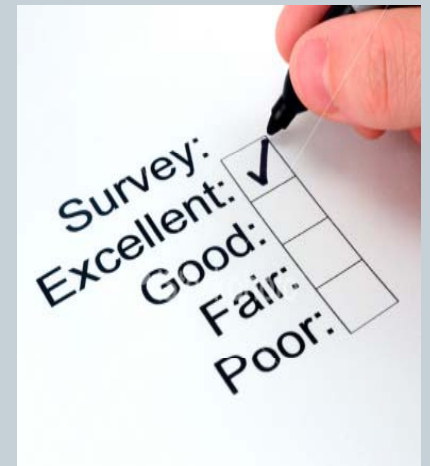
- eMERS reporting 5499 reports since June 2014. 5% of these = residents.
- RCA's per year - 10

- **Implementation of Changes**

- Nursing access to db of who can perform a procedure independently
- Handoff page in Cerner
- Multi Disciplinary Rounds

- **In Development**

- QI Curricula
- RCA's for high value, non sentinel events



Focus For the Coming Year

14

- **Improve Communication With the Residents on the Hospital's Quality and Safety Goals**
 - Resident Forum
 - Improve Communication with Attendings
- **Improve Transitions of Care From Inpatient to Outpatient**
- **Improve the Communication Technology Between Members of the Patient Care Team**

Questions?

15



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 14, 2015

ATTACHMENT #3

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle
President
Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer
Cook County Health & Hospitals System



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

**Cook County Health & Hospitals System
Board Members**
M. Hill Hammock • Chairman
Commissioner Jerry Butler • Vice Chairman
Lewis Collens
Ric Estrada
Ada Mary Gugenheim
Emilie N. Junge
Wayne M. Lerner, DPH, FACHE
Erica E. Marsh, MD MSCI
Carmen Velasquez
Dorene P. Wiese, EdD

Ozuru O. Ukoha, MD
President,
Executive Medical Staff
John H. Stroger, Jr.
Hospital of Cook County

Date: April 13, 2015

Dear members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr. Hospital of Cook County approved the attached list of medical staff action items electronically for your consideration on April 14, 2015. This action was necessary because our meeting is scheduled to take place later in the same day.

Respectfully,

A handwritten signature in black ink, appearing to read "Ukoha", with a long, sweeping line extending from the end of the signature towards the top right of the page.

Ozuru O. Ukoha, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



Medical Staff and Non-Medical Staff Action Items Subject to Approval by the Cook County Health and Hospitals System

INITIAL APPOINTMENT APPLICATIONS

Amin, Dhara, MD Appointment Effective:	Emergency Medicine April 14, 2015 thru April 13, 2017	Active Physician
Arkin, Lisa, MD Appointment Effective:	Medicine/Dermatology April 14, 2015 thru April 13, 2017	Active Physician
Gavagan, Thomas, MD Appointment Effective:	Family Practice April 14, 2015 thru April 13, 2017	Active Physician
Palter, Josphe, MD Appointment Effective:	Emergency Medicine April 14, 2015 thru April 13, 2017	Active Physician

INITIAL APPOINTMENT NON-PHYSICIAN APPLICATION

Allen-Jones, Karen J., CNP With Baru, Joshua S., MD Effective:	Medicine/Hospital Medicine April 14, 2015 thru April 13, 2017	Nurse Practitioner
Balawender, Ahleah C., PA-C With Kelner, David D., MD Alternate Paschos, Steven, MD Effective:	Correctional Health Services/Psychiatry April 14, 2015 thru April 13, 2017	Physician Assistant
Bastidas-Celleri, Jessica M., PA-C With Kelner, David D., MD Alternate Paschos, Steven, MD Effective:	Correctional Health Services/Psychiatry April 14, 2015 thru April 13, 2017	Physician Assistant
Ellison, Ernest E., PA-C With Paschos, Steven, MD Alternate Kelner, David D., MD Effective:	Correctional Health Services/Psychiatry April 14, 2015 thru April 13, 2017	Physician Assistant
Jacob, Ancy C., CNP With Mackie, Orlanda B., MD Effective:	Medicine/Hospital Medicine April 14, 2015 thru April 13, 2017	Nurse Practitioner
Mininger, Charles N., PA-C With Thomas, Bonnie W., MD Alternate Datta, Swati, MD Effective:	Medicine/General Medicine April 14, 2015 thru April 13, 2017	Physician Assistant

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology:

Staszkiwicz, Andrzej, MD Reappointment Effective:	Adult Anesthesia May 26, 2015 thru May 25, 2017	Active Physician
--	--	------------------

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON APRIL 14, 2015

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Emergency Medicine:

Karydes, Harry, DO	Emergency Medicine	Consulting Physician
Reappointment Effective:	May 26, 2015 thru May 25, 2017	

Department of Emergency Medicine (cont'd):

Nelson, Michael, MD	Emergency Medicine	Active Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	
Wu, Lisa, MD	Emergency Medicine	Consulting Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	

Department of Family Practice:

Sharma, Abha, MD	Family Medicine	Active Physician
Reappointment Effective:	May 21, 2015 thru May 20, 2017	

Department of Medicine:

Abiad, Homer, MD	Infectious Disease	Active Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	
Bangayan, Loraine, MD	Adult Cardiology	Active Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	
Chou, Carmel, MD	Hematology Oncology	Active Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	
Clapp, William, MD	Pulmonary	Active Physician
Reappointment Effective:	April 14, 2015 thru April 13, 2017	
Hadley, Indira MD	Rheumatology	Active Physician
Reappointment Effective:	April 14, 2015 thru April 13, 2017	
Lachin, Zaia, MD	General Medicine	Active Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	
Lenhardt, Richard, MD	Pulmonary	Active Physician
Reappointment Effective:	May 26, 2015 thru May 25, 2017	
Rafiq, Muhammad, MD	Medicine/ACHN	Active Physician
Reappointment Effective:	May 20, 2015 thru May 19, 2017	
Shah, Sejal, MD	Medicine/ACHN	Active Physician
Reappointment Effective:	May 14, 2015 thru May 13, 2017	

Department of Oral Health:

Juska, Tomas DMD	Correctional Health Services/Dentistry	Active Dentist
Reappointment Effective:	May 22, 2015 thru May 21, 2017	

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics:

Heydemann, Peter, MD Reappointment Effective:	Peds Neonatology May 26, 2015 thru May 27, 2017	Voluntary Physician
Piller, Simon, MD Reappointment Effective:	Medicine/Pediatrics May 13, 2015 thru May 12, 2017	Active Physician

Department of Radiology:

Kelekar, Anita, MD Reappointment Effective:	Imaging Center May 15, 2015 thru May 14, 2017	Active Physician
Trepashko, Donald, MD Reappointment Effective:	Nuclear Medicine May 14, 2015 thru May 13, 2017	Active Physician

Department of Surgery:

Babiuk, James J., DDS Reappointment Effective:	Oral and Maxillofacial April 14, 2015 thru April 13, 2016	Active Physician
Beck, Traci P., MD Reappointment Effective:	Urology May 26, 2015 thru May 25, 2017	Active Physician
Patrianakos, Thomas D., MD Reappointment Effective:	Ophthalmology May 17, 2015 thru May 16, 2017	Active Physician
Suffern, Jennifer L., MD Reappointment Effective:	Podiatry May 17, 2015 thru May 16, 2017	Active Physician
Wille, Mark A., MD Reappointment Effective:	Urology May 17, 2015 thru May 16, 2017	Active Physician

Renewal of Privileges for Non-Medical Staff:

Delane, Tiffany, PA-C With Ezike, Chukwuemeka F., MD Alternate Saad, Jorge, MD Effective:	Medicine/General Medicine April 14, 2015 thru April 13, 2017	Physician Assistant
Fuentes, Harold, PsyD Reappointment Effective:	Correctional Health Services/Psychology May 26, 2015 thru May 25, 2017	Clinical Psychologist
Lentz Stacie E., PA-C With Rodriguez, Sergio H., MD Alternate Shah, Sejal, MD Effective:	Medicine/General Medicine April 28, 2015 thru April 27, 2017	Physician Assistant
Sikora-Jackson, Ann M., PA-C With Schaidt, Jeffrey, MD Alternate Bowman, Steven, MD With Rodriguez, Sergio H., MD Alternate Shah, Sejal, MD Effective:	Emergency Medicine Medicine/General Medicine April 28, 2015 thru April 27, 2017	Physician Assistant
Veliyathumalil, Jasseena B., CNP With Amblee, Ambika P., MD Effective:	Medicine/Endocrinology April 14, 2015 thru April 13, 2017	Nurse Practitioner

**CCHHS
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON APRIL 14, 2015**

Item V(A)
Quality and Patient Safety Committee Meeting of April 14, 2015

John H. Stroger, Jr. Hospital of Cook County (continued)

Renewal of Agreement Items:

Argueta, Alejandra, PA-C With Shah, Sejal., MD Alternate Rodriguez, Sergio H, MD Effective:	ACHN/Medicine/General Medicine April 14, 2015 thru March 16, 2017	Physician Assistant
Fung, Sharon C., CNS With Fogelfeld, Leon A., MD Effective:	Medicine/Endocrinology April 14, 2015 thru July 19, 2016	Clinical Nurse Specialist
Mathew, Lizamma, CNP With Sattar, Payman, MD Effective:	Medicine/Adult Cardiology April 14, 2015 thru August 08, 2016	Nurse Practitioner

Medical Staff Additional Clinical Privileges:

Kingsley, Samuel S., MD	Perform Management of Trauma/Burn Injury	Voluntary Physician
-------------------------	--	---------------------

Item V(A)

Quality and Patient Safety Committee Meeting of April 14, 2015

**CCHHS
APPROVED**
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON APRIL 14, 2015

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle

President

Cook County Board of Commissioners

John Jay Shannon, MD

Chief Executive Officer

Cook County Health & Hospitals System



COOK COUNTY HEALTH
& HOSPITALS SYSTEM

CCHHS

**Cook County Health & Hospitals System
Board Members**

M. Hill Hammock • Chairman

Commissioner Jerry Butler • Vice Chairman

Lewis Collens

Ric Estrada

Ada Mary Gugenheim

Emilie N. Junge

Wayne M. Lerner, DPH, FACHE

Erica E. Marsh, MD MSCI

Carmen Velasquez

Dorene P. Wiese, EdD

Anwer Hussain, DO, FAAEM

President,

Medical Executive Committee

Provident Hospital

Of Cook County

April 10, 2015

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Credentials Meeting held on April 7, 2015 the Medical Executive Committee of Provident Hospital of Cook County recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Anwer Hussain", with a horizontal line underneath.

Anwer Hussain, DO

President, MEC



Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the Cook County Health and Hospitals System

INITIAL APPOINTMENT APPLICATIONS

App, Megan., MD	Obstetrics and Gynecology	Affiliate Physician
Appointment Effective:	April 14, 2015 thru April 13, 2017	

REAPPOINTMENT APPLICATIONS

Internal Medicine

Dorman, James, MD	Neurology	Affiliate Physician
Reappointment Effective:	March 20, 2015 thru March 19, 2017	

Radiology

Kelekar, Anita, MD	Radiology	Affiliate Physician
Reappointment Effective:	May 16, 2015 thru May 15, 2017	

Surgery

Mahmorian, Robert R., DPM	Podiatry	Affiliate Physician
Reappointment Effective:	April 27, 2015 thru April 26, 2017	

McShane, Maureen T., DPM	Podiatry	Active Physician
Reappointment Effective:	April 26, 2015 thru April 25, 2017	

Patrianakos, Thomas D., DO	Ophthalmology	Affiliate Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	

Suffern, Jennifer L., DPM	Podiatry	Affiliate Physician
Reappointment Effective:	May 17, 2015 thru May 16, 2017	

Telemedicine Privilege Requests

Phillips, Karen G., MD	Radiology / Virtual Radiologic	Teleradiologist
Effective:	May 17, 2015 thru May 16, 2017	

Toothman, Richard L., MD	Radiology / Virtual Radiologic	Teleradiologist
Effective:	April 14, 2015 thru April 13, 2017	

Renewal of Agreement Items:

Onwueme, Bundo E., PA-C	Surgery/General Surgery	Physician Assistant
With Crawford, Clifford S., MD		
Alternate Alsaden, Mahdi A., MD		
Effective:	April 14, 2015 thru April 23, 2016	

Shah, Chandrika H., PA-C	Surgery/General Surgery	Physician Assistant
With Crawford, Clifford S., MD		
Alternate Alsaden, Mahdi A., MD		
Effective:	April 14, 2015 thru December 08, 2016	